MAY 1/5 2018

UNITED STATES HOUSE OF REPRESENTATIVES For New Mem	FORM B For New Members, Candidates, and New Employees	Page 1 of $\underline{\mathcal{I}}$ LEGISLATIVE RESOURCE CENT
Name: Anthony Flaccavento Daytime Telephone:	ephone:	IS MAY 23 PM 1: 56
New Member of or Candidate for State: Viraginia U.S. House of Representatives District: 944 Cendidates – Date of Election: 6-12-18	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	le): Period Covered: January 1, 2016 to 2017	A \$200 panalty shall be assessed against any individual who filas mora than 30 days late.
RELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	ESTIONS	
A. Did you, your spouse, or your dependent child: e. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	lendar year up through the date of filing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honorania, or pension/IRA distributions) of \$200 or more during the Yes No Peporting period?	F. Did you have any reportable agreement or errangement with an outside entity during the reporting period or in the current calender year up through the date of filing?	errangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU A THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R	ע ע	NSWER "YES" EQUIRED TO COMPLETE
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	ON - ANSWER <u>BOTH</u> OF THESI	H OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics end certain other "excepted trusts" need from this report details of such e trust that benefits you, your spouse, or dependent child?	ain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	s of a spouse or dependent child because they me	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Anthony Flaccovento

Page 2

Ħ	4	77	97 f	4			- R &	For ben all inte \$5,000, more the \$5,000, more the for rental provide frental provide frental provide frental provide frental provide frental provide frental provide interest retirement from the lowestman from the openado in the op	401(k) the acco	Identify product exceeding and (b), which income Provide (do not)	Ą	
	Eastman Oredit Union Acts	SCALE, INC	FLACCAVENTO	S) A	1	Examples		For benk and other cash eccounts, total the amount in all interest-beening eccounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete eddress or description, e.g., "rental property," and a city and state. For en ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vecation in more (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund thet is an Excepted investment Fund, please check the "EIF" box. If you so choose, you mey indicate thet an assat or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	or all lines and other reuterient pelis (auch es 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (e) each asset held for investment or production of income end with a fair markst value exceeding \$1,000 at the end of the reporting period, and (b) eny other reportable asset or source of income which generated more than \$200 in 'uneemed' income during the yeer. Provide complete names of stocks and mutual funds (do not use only toker symbols).	Assets and/or Income Sources	
ار:	Ģ.	ζü	ΑV	Automobiles	Æ	Sing	<u>¥</u>	er cash eccounts, total the a my eccounts. If the total fing eccounts. If the total fing eccounts. If the total final expounts. If the total final exposure in the total final exposure in the total final exposure in the exposure in the exposure in a city end state. Interest in a privately-held city traded, state the name active of its activities, including the exporting period); and any income (unless there we reporting period); and any income derived from, a reporting period); and any income derived from, a my, including the Thrift Savit income derived from, a my, income derived from, a my, including the Thrift Savit income derived from, a my, including the Thrift Savit income derived from, a my, including the Thrift Savit income derived from, a my, including the Thrift Savit income derived from, a my, including the Thrift Savit income derived from, a supporting period); and they include the Thrift Savit income derived from, a supporting the exporting period from, a my, including the Thrift Savit income derived from, a supporting the exporting period from, a reporting period from a period from a reporting period from a period from a reporting period from a reporting period from a reporting period from a	vide th	h asi ome c nat th eport mon yeer.	o/pr	四
	ھ	H	<u>S</u>	3	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	hecocount count defail in the count defail of the count defail d	ts the	set for able a condition according a condition able a condition able a condition able a con	3	BLOCK A
	+	న	ठ	0	e Fun	Chuste Chuste	Stoc	ounts ts. If notice you have a prive state A.	ne fo	neld with a seet an \$5 a	8	ŝ
1	N∫		Ţ	le	_		 ^	s, total the amour if the total is of the term and of the term and is one on the term and is one of the term assault that anyone (SP) and the term assault that the term assa	reec	for in a fair or so 200	Š	
ļ	ا ا		FARMS	V				totel where country control co	h ass thres	mari mari portin urce in "u	our o	
	5		5			L	Ш	armount in I is over I is on, e.g.,	et he	tment ket v ket v of inc of incenneen	Sec	
	^				×	L	목	nt in over re is eert, eert, the eert, the its the its or operation of the its or operation of the order of t	5 8			
4						-		None >		Indicate velue of asset et close of the reporting period. If you use a valuation method other than fair merket value, please specify the method used. If an asset wes sold during the reporting period and is included only because it generated income, the velue should be 'None.' *Column M is for assets held by your spouse or dependent child in which you heve no interest.		
-					ļ.,	=		\$1.91,000 m \$1,001.\$15,000	-1	te vel valua y the asse ed or one.* nn M		
				×		Indefinite		\$15,001-\$50-000	_	t west like of allowing the state of the sta		
+		×	-			100	×	\$50,001-\$100,000 m		assemethod us s solo cause r ass	<	
1		_	×			T		\$100,001-\$250,000	1	ets h	Value of Asset	83
					×	1		\$250,001-\$500,000 a		nerth ing t inten	ğ	BLOCK B
	×							\$500,001-\$1,000,000		of the an fa an fa led in	B	œ
								\$1,000,001-\$5,000,000		ir me eporti	ě	
\perp				<u></u>	ļ	L		\$5,000,001-\$25,000,000 ~	_	rting rket ng p ng p , the		
						L		\$25,000,001-\$50,000,000		perio value eriod velue or del		
_					ļ	ļ		Over \$50,000,000	-1	d. #y plea and shopendo		
_					-			Spouse/DC Asset over \$1,000,000*				
4			-	×		\vdash		NONE	_	Check all columns that ap that generate tax-deferred 401(k), IRA, or 529 account the Tax-Deferred colum- interest, and capital reinvested, must be disc reinvested, must be disc fror assets held in taxable "None" if the asset gene- during the reporting pariod		
4			-				×	DIVIDENDS		and one of the interest of the		
-						-	-	RENT		olumn te ta or 5; befer and mus held he a	¥	
-	×	-	1	-	-	-		INTEREST	-[rs the	Type of Income	BLO BLO
4	<u>×</u>				<u> </u>	╀		CAPITAL GAINS	41	erred coun coun coun tial disc able gente	Ď	BLOCK C
					-		ļ	EXCEPTED/BLIND TRUST		ply linco	ě	ľ
H	1	40			70			TAX-DEFERRED		For a	Φ	
		960 0	FARM		Partnership Income	1 11023		Other Type of Income (Specify: e.g., Partnership income or Farm Income)	1	Check all columns that apply. For accounts that generete tax-deferred income (such as 40°f(k), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, interest, end capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check None' if the asset generated no income during the reporting period.	1	1
T,	ITTI	117	-	1	T	=		None —		For assels for which you checked "Tax-Deferred" in Block assets indicate the category of income by checking the capital gains, even if reinvested, must be disclosed Check "None" if no income was eemed or generated. "Column XII is for assets held by your spouse or dependence."		ī
			×			-	×	\$1-\$200 =		k "No		
_	<u>×</u>					╄		\$201-\$1,000		icaters aline, one" one" is		
\dashv			-	~	-	×		\$1,001-\$2,500 < \$2,501-\$5,000 <	C	which the transfer are t		
\dashv				<u>×</u>	×	Ĥ		\$5,001-\$15,000 \leq	Current Year	categorial incom		
\dashv			×		Ĥ	╁		\$15,001-\$50,000 <u>≤</u>	2	chec gory einve ne w		
_				\vdash		+		\$50,001-\$100,000 ≦	¥ea	ked " of inc of inc steed as ee		
						+	\vdash	\$100,001-\$1,000,000	٦	Tax- ours		
		1		_		T		\$1,000,001-\$5,000,000 ×		Defei by c orge orge	3	
					Т	T		Over \$5,000,000 ≚		heck heck nera	Do .	
								Spouse/DC Income over \$1,000,000° ≚		in Blucking to close the c	Amount of Income	BLOCK D
								None		ock C. he epi ed as	¥	욹
	×		×					\$1-\$200 =		pprop s inc	S	J
							×	\$201-\$1,000		you may propriate income child in v	ne ne	
						L		\$1,001-\$2,500 <	9	box hor		
_				X		_		\$2,501-\$5,000 <	Preceding Year	For assets far which you checked "Tax-Deferred" in Block C, you may check the "None" column. assets indicate the category of income by checking the eppropriate box below. Dividends, It capital galms, even if reinvested, must be disclosed as income for assets held in taxable Check "None" if no income was eemed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
						×		\$5,001-\$15,000	<u> </u>	e "No w. II have		
		1	×	-	×	+	-	\$15,001.\$50,000 ≦	۲ <u>9</u>	bivid ir bivid ir		
		+			1		1	\$50,001-\$100,000	8	⊋ ; 5 8		
					_	_	1	2100 001 25 000 000	4	# # <u># 5 5 5</u>		
								\$100,001-\$1,000,000	¥	umn. f d s, int axable erest.		
								\$1,000,001-\$1,000,000	*	None" column. For all othe Dividends, interest and held in taxable accounts are no interest.		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Anthony FLACCAYENto

Page 3

\Box		-					S	S	7	6	۹		4	S;P	누중육					
							-	11	11	1.3	=		ء ا	NO					Asaets and/or Income Sources	
									,			7	_						8	
		i					>	=	_		_	_	١,	Egoita	I . I				â	
	ļ						CA			-	=	-	5	+	ASSET NAME				t or	8
	į						366-490114	366-49016	ω	Ś'n	လ	Ś	1,,	*	E				호	BLOCK A
	İ						4,	6	8	•	ि	366-49 00 98	7	بري	i ≩				öm	Þ
İ	ŀ						¥	¥	6	60	6	<u>÷</u>	١,٠	4					Φ W	
							<u>0</u>	Ž,	5	20	£	8	کر	6					Ě	
							7	96	306-66450	36-689087	305-6647647	8	316-724827	306-614502					70	
1									·	4	-3		1	15	멅				U 1	
\dashv	-															None	>			
+	\neg						· · · · ·				+		<u> </u>	\vdash		\$1-\$1,000		_		
								×	×							\$1,001-\$15,000				
									_		×		75	×		\$15,001-\$50,000	-			
+							×.			×	 	-	3			\$50,001-\$100,000	L.		<	
										-	 	×		-		\$100,001-\$250,000	-		e L	
								-			†	_		\vdash		\$250,001-\$500,000	- G	_	0	BLOCK
-			l				-	 			 	 		┼─	-	\$500,001-\$1,000,000		_	Value of Asset	×
-+														1		\$1,000,001-\$5,000,000			3S-0	
\dashv	-						-		├		┼	-	 			\$5,000,001-\$25,000,000				
┽			ļ		\vdash		-	-	1	 	+	-	├-	-		\$25,000,001-\$50,000,000				
+				_	-						-		-			Over \$50,000,000	-	-		
									├	-	-	├─	-	-	┞─┤	Spouse/DC Asset over \$1,000,000*				
+									-	,	+	-	-			NONE	_	_		
_			├		-		_	-	-	-	-	-		-	-					
					_				-		-	-	×		ļ	DIVIDENDS				
					<u> </u>				1		ļ	_				RENT			₹	
													×	<u> </u>		INTEREST			Type of Income	2
												ļ				CAPITAL GAINS				BLOCKC
																EXCEPTED/BLIND TRUST			CO	C
T							X	X	X	X	X	×		X		TAX-DEFERRED			70	
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
\dashv							×	$\overline{}$	×	×	×	×	_	\overline{x}	1	None	_			
					 -		 	<u> </u>	-	<u></u>	-	7.	×		1	\$1-\$200	_			
\neg			\vdash		 		 	 	\top	\top			Ť			\$201-\$1,000	=			
								 		<u> </u>		† —	 	-		\$1,001-\$2,500	₹			
			\vdash	_	 									1		\$2,501-\$5,000	٧	δ		
				-	_		 						1	+		\$5,001-\$15,000	≤	#Te		
_						-	_	† · · · ·		t	1					\$15,001-\$50,000	≦	Current Year		
_			†		†		†	†					 	1		\$50,001-\$100,000	≨	rea		
_	_				1	 		_	\dagger				†	1		\$100,001-\$1,000,000	×	7		
_	_	-	_	_	1			 	+	1	1	1		†		\$1,000,001-\$5,000,000	×		≥	
		_	-	╅	 	╁═	\vdash		1		1	1	1	1	<u> </u>	Over \$5,000,000	×		n o	
					-	-	1	1	1	1-	\dagger	1	1	+		Spouse/DC Income over \$1,000,000*	≚		Amount of Income	5
1							×	×	×	×	×	×		×		None	_		≗	BLUCAD
-+				 	1		1		 ``	Ť	1	-	X	+ `		\$1-\$200	-		CC	-
			 		t				 	T	\dagger		 			\$201-\$1,000	#		Ĭ	
-					1		<u> </u>		+		1	1	1			\$1,001-\$2,500	_			
-					\vdash			†	 							\$2,501-\$5,000	<	Preceding		
_							\vdash	_	+-	\vdash	+	†	-		1	\$5,001-\$15,000	≤	Ced		
_									+-	+	<u> </u>	†	1		1	\$15,001-\$50,000	≦.	3		
				1	1	<u> </u>	4	4	+	+	+-	_	+		1	\$50,001-\$100,000		4		
																\$00,001\$100,000				
					-		-	-	-	+	4	+	+	1			X	Year		
										-	-		+			\$100,001-\$1,000,000	×	ar		
																	×	əar		

SCHEDULE C - EARNED INCOME

Name: Anthony I-LACCAVENTO Page

List the source, type, and amount of earned income from any source (other than the flier's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for CATHOLIC Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Diocese Spouse 1099 For Pano Honorarium
Salary
Spouse Speech
Spouse Salary Type PLAYING **Current Year to Filing** 1750 \$20,000 \$0 N/A **Amount** Preceding Year \$1,000 N/A Ø

SCHEDULE D - LIABILITIES

Name: ANTHONY FLACCAVENTO

Page 5 of 7

exceeded \$10,000. liebilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to eny one creditor at any time during the reporting period by you, your spouse, or your dependent child. Merk the highest emount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and *Column K is for liabilities held solely by your spouse or dependent child.

			Tr		SP. DC, JT		
		6	Home Mortage E+Stran Oredit	Example First Bank of Wilmington, OE	Creditor		
		1	1/2013	5/98	Date Liability Incurred MO/YR		
		0 0	HOME Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
			×		\$15,001- \$50,000		
					\$50,001- \$100,000	ი	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	70	of E
					\$1,000,001- \$5,000,000	6	Amount of Liability
·					\$5,000,001- \$25,000,000	±	1
					\$25,000,001- \$50,000,000	-	1
					Over \$50,000,000	<i>د</i>	1
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompenseted, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an hororary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Treasmer - WIN NON-Compercated - Spouse WIN WASHINGTON Co. Independent Neighbors			¥.	
Name o		1	Treasurer - WIN NON-Compersated	Position
Name o		•	-Spouse	
WASHINGTON Co. Independent Neighbors			MIN	Z
			WASHINGTON Co. Independent Keighbors	lame of Organization

SCHEDULE F - AGREEMENTS

int or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: A wthony FLACCAvento Pa	Page 6 of 7
int or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	,	
player other than the LLC government or continuing participation in an ampleyon welfare or honofit plan maintained by a former	int or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	overnment service;

continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee weltare or benefit plan maintained by a former identify the date, parties to, and general terms of any agreeme

			Date
		NA	Parties to Agreement
			Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

g,,,,,,,, .	r
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
ScALE, INC. Abington VA - Anthony	Speaking + Organizing Rural Farming + Economy
Scale Irc. " - Laurel	Š
VA. Retirement System-Retirement - Laurel	Retirement Pension

			4.00		manufacture of				Sch.J.	NOTE NUMBER
	Hen House Market 2016 \$7500 2017 \$	WYA. Food & FARM Contition 2016 \$10,000 2017 \$	2016 47500 201	A 2016 \$ 2017	1 2017	Douglas Co. Kansas - 2016 - \$35,625 2017 \$13,443	electing to disclose payments made to Scale, Inc. over \$5000.	Although the following Payments were neede directly to the corporation, we are	Stale Tuc. is AN S Corp owned by Anthony+ Lawrel Flaccavento.	NOTES